Edgar Filing: Jackson Tonya Harris - Form 4

Jackson Tonya Ha	urris										
Form 4											
June 11, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5									Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respon	ises)										
H			2. Issuer Name and Ticker or Trading Symbol HOOKER FURNITURE CORP				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[HOFT]	Γ]							
				/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			4 TE A	Jun and Date	0-1-1-1				-int/Carrow Eilin		
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (S	State) (Z	ip)	Tabla	I Non Do	rivativa S	oouri	tion A a		f or Ronoficial	ly Ownod	
1.Title of 2. T Security (Mo (Instr. 3)	ransaction Date nth/Day/Year)	2A. Deen Execution any	ned	3. Transaction Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, -	ties (A) o of (D	r)	puired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common 06/0 Stock	08/2018			А	896	А	\$0	1,357	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Tit Amou Undez Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

S

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Jackson Tonya Harris HOOKER FURNITURE CORPORATION 440 E. COMMONWEALTH BLVD. MARTINSVILLE, VA 24112	Х						
Signatures							
\s\ Robert W. Sherwood Attorney in Fact for Jackson	(06/11/2018					
**Signature of Reporting Person				Date			

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.